Protecting Patient Information Self-Study

In this training, you will learn to identify when you can access and share patient information, understand how you can protect patient information at UW Medicine and recognize individual rights protected under HIPAA and know what to do when a patient raises them.

**Patient Privacy**

Every UW Medicine workforce member is personally and professionally responsible for the privacy, security and integrity of Protected Health Information (PHI) in any format (electronic, paper or verbal) entrusted to you. Your personal, professional and ethical responsibility is to *protect all information used in the course of your work for UW Medicine.*

**What is PHI?**

PHI includes any information (verbal, paper or electronic) maintained or transmitted by UW Medicine that relates to the past, present or future physical or mental health or condition of an individual; the provision of healthcare to an individual; or payment related to the provision of healthcare.

**Accessing and Sharing PHI**

PHI may only be accessed or shared when it relates to your assigned job responsibilities, such as providing treatment to patients, how we bill and receive payment for patient care, or the operations of the health system. Access must be permitted by state or federal law and based upon a patient’s signed authorization.

**Breaches**

A breach is the acquisition, access, use or disclosure of PHI or PII for non-authorized reasons. Consequences of a breach are significant and damaging not only to UW Medicine but to patients, employees and contractors:

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<tr>
<th>Patient</th>
<th>Contractor</th>
<th>UW Medicine Health System</th>
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<tr>
<td>• Loss of Privacy</td>
<td>• Termination of Contract</td>
<td>• Trust</td>
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<td>• Negatively Impact Relationships</td>
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**Breach Examples**

- Lost or stolen device containing unencrypted PHI
- Accessing the PHI of others “out of curiosity”
- PHI sent to the wrong location via email, fax, or mail
- Paper PHI not disposed of properly or handed to the wrong person
- PHI compromised by phishing or malware

**It is your responsibility to protect patient privacy:** In order to protect PHI in all forms (verbal, paper, electronic), think about:

- **Where you are** – do not leave PHI unattended
- **Who might overhear** - be aware of your surroundings, volume and tone
• **Who might see** – do not leave PHI on copy machines, fax machines or printers, ensure PHI is disposed of properly in shred bins
• **Your patients’ privacy** – physically secure all PHI paper in lockable cabinets, lock your workstation or log out of your computer session when not in use

**Information Security and Data Stewardship**
Take the proper steps to secure and protect all confidential UW Medicine information:

- Encrypt and password protect data on all mobile devices used for work purposes
- Do not use email to send confidential information unless it is encrypted or sent through an approved email domain
- Do not open an email or attachment from an unknown source
- Obtain approval to take PHI offsite
- Use antivirus software
- Always store information in secure places and secure portable devices such as laptops
- Use VPN when working remotely
- Use secure logins (Change your password at least every 120 days and choose passwords that are easy to remember, but hard to guess.)
- **Report all possible breaches to the IT Help Desk** ([mcsos@uw.edu](mailto:mcsos@uw.edu)) or your Supervisor

**Electronic PHI Disposal**

- Remove data prior to disposal, recycling or reassignment of electronic devices
- Empty your electronic trash bin regularly
- Contact your entity IT Department for help

**Social Media**

Social media includes websites and applications that enable users to create and share content or participate in networking. Examples: Blogs, Bulletin boards, Social networking sites, News media sites, Photo and video sharing sites.

The use of social media is prohibited when use would compromise patient confidentiality, and in unit work areas, unless social media use in these areas has been previously approved by a supervisor.

**Patient Rights Under HIPAA**

Patients have the right to access, inspect, copy and request amendments to their PHI. Patients also have the right to request alternative forms of communication and restrict uses and disclosures of their PHI. If you receive these requests, direct the patient to contact your entity Release of Information department for assistance.

Patients may request an accounting of disclosures (a report of instances when a patient’s PHI was disclosed outside of Treatment Payment or Operations (TPO), authorized releases, limited data set uses. Contact UW Medicine Compliance with an accounting of disclosures request.

**Compliance Services**

UW Medicine Compliance is here to help when you have questions or concerns. You may contact us via phone, 206.543.3098, email ([comply@uw.edu](mailto:comply@uw.edu)) or through our anonymous hotline - 206.616.5248 (local) or 866.964.7744 (toll free).
RESOURCES:

Incident Reporting Resources

- If your computer or mobile device is infected, or you think it may be infected, contact IT Security immediately.
- Report information security incidents when they occur. Contact IT Services Help Desk at mcsos@u.washington.edu. If it is urgent, call 206-543-7012.
- Report the loss or theft of PHI to UW Medicine Compliance at 206-543-3098 or comply@uw.edu immediately.

IT Security Resources

- UW Medicine Information Security Program: https://depts.washington.edu/uwmedsec/
- Northwest Hospital ITS: http://nwh/sites/operations/ims/SitePages/Home.aspx
- Valley Medical Center ITS: https://valleymed.sharepoint.com/sites/policycentral/PolicyCentral/Forms/IT/aspx

UW Medicine Compliance Website

- http://depts.washington.edu/comply/

UW Medicine Compliance Code of Conduct

- http://depts.washington.edu/comply/resources/

UW Medicine Compliance FAQs

- http://depts.washington.edu/comply/resources/frequently-asked-questions-faqs/

UW Medicine Compliance Department

206.543.3098
Email: comply@uw.edu

UW Medicine Compliance Hotline (Anonymous)

206.616.5248 (local) or 866.964.7744 (toll free)
ATTESTATION:

Date: _____________

I, __________________________, certify that I have read and understand the Protecting Patient Information Self-study.

Signature: __________________________

Print Name __________________________

Name of Manager: _______________________

Department: __________________________

After signing this form, please give it to your supervisor. Signed forms are kept in your personnel file.